

2006 Western States Wildland Urban Interface Grant Application

| FOR OFFICIAL USE ONLY | |
|-----------------------------------|--|
| State Submitting Project: | |
| State Priority Number: | |
| Statewide Risk Assessment Rating: | |
| Hazard Description / Other: | |

| 1 | Applicant Information | |
|---|-----------------------|--|
| | Applicant: | |
| | Contact Person: | |
| | Address: | |
| | City/Zip Code: | |
| | Phone (Work/Cell): | |
| | Email: | |
| | Fax: | |

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| 2 | Community At Risk Information | | | | | | | |
| | Name of Project: | | | | | | | |
| | Community Name: | | | | | | | |
| | County: | | | | Congressional District: | | | |
| | Latitude (decimal degrees): | | | | Longitude (decimal degrees): | | | |
| | Threat Description (check all that apply) | | | | | | | |
| | Homes: | <input type="checkbox"/> | Number of: | | Infrastructure: | <input type="checkbox"/> | Estimated value of: | |
| | Businesses: | <input type="checkbox"/> | Number of: | | Economic Viability: | <input type="checkbox"/> | Estimated value of: | |
| | Watersheds: | <input type="checkbox"/> | Number of: | | Historic Structures: | <input type="checkbox"/> | Number of: | |
| | Other (Describe): | | | | | | | |

| Requested Grant Amount / Project Description | |
|---|--|
| All information for the project must fit into the space provided below. Attachments will not be considered by the review committee. | |
| Dollar Amount Requested \$ | Projected Match \$ |
| 3 | <p>Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types.)</p> |

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| 4 | Scope of Work / Project Timeline |
| | <small>All information for the project must fit into the space provided below. Attachments will not be considered by the review committee.</small> |
| | Provide a brief scope of work which clearly describes how grant funds will be spent. (This should be more specific than the project description) |
| | Describe all planned maintenance (grant funded or other) if this project is funded. |
| | What is the duration of this project? (check one) <input type="checkbox"/> One Year <input type="checkbox"/> Two Years |
| | Is this a continuing project from previous year/s? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Provide a timeline for the project |

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| 5 | Interagency Collaboration |
| | Specify the private, local, tribal, county, state, federal and/or non-governmental (501c3) organizations that will contribute to or participate in the completion of this project. Describe briefly the contributions each partner will make (i.e. – donating time/equipment, funding, etc.). |
| | Community Wildfire Protection Plan (CWPP) |
| | Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> in development |
| | Is this project part of the plan? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no |
| | Where would we obtain a copy of this plan? |

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| 6 | Project Category (check all that apply and answer related questions) | | | |
| | Hazard Fuels Reduction <input type="checkbox"/> | | | |
| | Number of acres to be treated: | | Estimated cost per acre: | |
| | Number of communities directly affected by this project: | | | |
| | Information & Education <input type="checkbox"/> | | | |
| | Number of citizens to be reached: | | | |
| | Planning <input type="checkbox"/> | | | |
| | Number of residences affected: | | | |
| | Project Type (check all that apply) | | | |
| | Assessment / Scoping: | | Implementation / Treatment: | |
| Homeowner / Community Action: | | Monitoring / Evaluation: | | |
| Information / Education: | | | | |

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| 7 | Grant Contributors (Matching Share) | | | | | | | |
| | (Applications will be disqualified if insufficient match is identified; federal dollars DO NOT qualify- see criteria & instructions for exception) Please specify each match contributor and the dollar amount of each contribution. | | | | | | | |
| | Contributors: (Please specify) | | | | | | | TOTAL |
| | Dollars (Hard Match): | | | | | | | \$ 0 |
| | In-Kind (Soft Match): | | | | | | | \$ 0 |
| | TOTAL: | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |

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|---|--|---|---------------------------------|----------------|--------------|
| 8 | Total Project Expense (break down matching share totals from block seven) | | | | |
| | | Grant Share (\$ Amount Requested) | Match (from block seven) | | TOTAL |
| | | | Dollars | In-Kind | |
| | Personnel / Labor: | | | | \$ 0 |
| | Operating: | | | | \$ 0 |
| | Travel: | | | | \$ 0 |
| | Contractual Services: | | | | \$ 0 |
| | Equipment: | | | | \$ 0 |
| | Indirect Costs: | | | | \$ 0 |
| | | TOTAL: | \$ 0 | \$ 0 | \$ 0 |